

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										=62-002437	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>167</u> Primary Registration District No. <u>5608</u> Registrar's No. <u>5</u>											
AMENDED											
<div> <div>FILED JAN 18 1962</div> <div>1. PLACE OF DEATH</div> <div>a. COUNTY Johnson</div> </div> <div> <div>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</div> <div>a. STATE Missouri b. COUNTY Johnson</div> </div> <div> <div>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Twp</div> <div>Length of stay in 1b 4 1/2 yrs</div> </div> <div> <div>c. CITY OR TOWN Holden</div> <div>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> </div> <div> <div>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home, R#2, Holden</div> <div>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> </div> <div> <div>d. STREET ADDRESS Route #2</div> <div>(If outside, give location)</div> </div> <div> <div>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> </div>											
<div> <div>3. NAME OF DECEASED (Type or print)</div> <div>First Middle Last VIRREL HOPKINS WELCH</div> </div> <div> <div>4. DATE OF DEATH</div> <div>Month Day Year January 8, 1962</div> </div>											
<div> <div>5. SEX male</div> <div>6. COLOR OR RACE white</div> <div>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></div> <div>8. DATE OF BIRTH 10/31/96</div> <div>9. AGE (last birthday) 65</div> <div>IF UNDER 1 YEAR Months Days Hours Min.</div> <div>IF UNDER 24 HR</div> </div>											
<div> <div>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer</div> <div>10b. KIND OF BUSINESS OR INDUSTRY own farm</div> <div>11. BIRTHPLACE (City and state or country) Charon Co., Mo.</div> <div>12. CITIZEN OF WHAT COUNTRY U.S.A.</div> </div>											
<div> <div>13a. FATHER'S NAME Edmund Welch</div> <div>13b. MOTHER'S MAIDEN NAME Cora Chapman</div> <div>14. NAME OF HUSBAND OR WIFE Elsie Lee Welch</div> </div>											
<div> <div>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX</div> <div>16. SOCIAL SECURITY NO. [REDACTED]</div> <div>17. INFORMANT Mrs. Ben Phelps, Salsbury, Missouri</div> <div>Address</div> </div>											
<div> <div>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</div> <div>PART I. IMMEDIATE CAUSE (a) Coronary Occlusion</div> <div>Interval between onset and death sudden</div> <div>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis 4 years</div> <div>DUE TO (c) General Arteriosclerosis</div> <div>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</div> <div>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</div> </div>											
<div> <div>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></div> <div>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></div> <div>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</div> </div>											
<div> <div>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</div> </div>											
<div> <div>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></div> <div>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</div> <div>20f. CITY, TOWN, OR LOCATION COUNTY STATE</div> </div>											
<div> <div>21. I attended the deceased from did not attend, to XXXX and last saw him alive on 1/9/62</div> <div>Death occurred at Est. 9:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.</div> </div>											
<div> <div>22a. SIGNATURE (Degree or title) Kelly R. Rupp M.D. Coroner</div> <div>22b. ADDRESS Holden, Missouri.</div> <div>22c. DATE SIGNED 1/9/62</div> </div>											
<div> <div>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</div> <div>23b. DATE 1/10/62</div> <div>23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery</div> <div>23d. LOCATION (City, town, or county) Holden, Missouri.</div> <div>(State)</div> </div>											
<div> <div>24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo.</div> <div>ADDRESS</div> <div>25. DATE RECD. BY LOCAL REG. 1-10-62</div> <div>26. REGISTRAR'S SIGNATURE Bernice Rose</div> </div>											

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *M J Canaday*
Licensed Embalmer No. 8434

P. O. Address Holden, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.